

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

642

1000

644

63-019125

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

FILED JUN 5 1963

## 1. PLACE OF DEATH

a. COUNTY Buchanan

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR  
TOWN St. Joseph,

Length of stay in 1b  
62 years

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR  
INSTITUTION The Country House

Inside Limits  
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
a. STATE Missouri b. COUNTY Buchanan

c. CITY  
OR  
TOWN St. Joseph,

Inside Limits  
Yes ☒ No ☐

d. STREET  
ADDRESS 2301 Mulberry Street

Reside on Farm  
Yes ☐ No ☒

## 3. NAME OF DECEASED

First  
JAMES

Middle  
M.

Last  
COULTER SR.

4. DATE  
OF  
DEATH

Month  
May

Day  
24,

Year  
1963

## 5. SEX

Male

## 6. COLOR OR RACE

White

## 7. Married

☐ Never Married ☒ Widowed ☐ Divorced

## 8. DATE OF BIRTH

Mar. 6, 1877

## 9. AGE (last birthday)

86

IF UNDER 1 YEAR  
Months Days Hours Min.

IF UNDER 24 HR

## 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Ret. Gov't Employee

## 10b. KIND OF BUSINESS OR INDUSTRY

Railway Mail Service

## 11. BIRTHPLACE (City and state or country)

Sunbury, Pennsylvania

## 12. CITIZEN OF WHAT COUNTRY

U.S.A.

## 13a. FATHER'S NAME

John O. Coulter

## 13b. MOTHER'S MAIDEN NAME

Sarah Cunningham

## 14. NAME OF HUSBAND OR WIFE

Maude A. Coulter

## 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

No

## 17. INFORMANT

Son

Address

Mr. James M. Coulter Jr., Washington, D.C.

## 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

*Senescence*

INTERVAL BETWEEN ONSET AND DEATH

*years.*

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

## PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

*A.S.H.D. - Senile psychosis*

## PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?  
YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY  
Hour a.m. p.m.  
Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from *1954* to *date* and last saw *him* alive on *6 May 1963*

Death occurred at *10:00 PM* on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

(Degree or title)

*Willie B. McDonald M.D.*

## 22b. ADDRESS

*301 N. 8th St. St. Joseph*

## 22c. DATE SIGNED

*29 May '63*

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

## 23b. DATE

*May 27, 1963*

## 23c. NAME OF CEMETERY OR CREMATORY

*Mt. Auburn Cemetery*

## 23d. LOCATION (City, town, or county)

*St. Joseph, Missouri*

## 24. FUNERAL DIRECTOR

ADDRESS

*Meierhoffer-Fleeman Inc., St. Joseph, Mo.*

## 25. DATE RECD. BY LOCAL REG.

*June 4, 1963*

## 26. REGISTRAR'S SIGNATURE

*Wm. Clark Goodell*

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF

W. B. McDonald, Medical Certification

VS 300  
Rev. 4/59

1 *5117*

2 *5117*

3

4 *0*

5 *2*

6

7 *1*

8 *2*

*94200*

10

11

12 *91-0*

13 *1-0*

Permit issued 5-27-63

2118  
2119

64 - 44

0-10  
0-1

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Elbert C. Harrington

Licensed Embalmer No. 3268

P. O. Address St. Joseph, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.